Infinity Health Newsletter

Volume 2, Issue 5

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Infinite Wisdom

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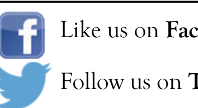
Special points of interest:

- Individualized health care when you need it.
- Same day or next day appointments.
- Want to talk to your own doctor? Call.
- See your doctor, not a random on call doc in the office



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Politics of DPC

Louisiana is way ahead of the curve…in a good way!! In 2014 our state passed a law stating that Direct Primary Care (DPC) is NOT considered an insurance. If it had been considered an insurance, what I (Infinity Health) do would potentially fall under Department of Insurance (DOI) regulations. This would have caused so much regulation and paper work that no small practice could fight through it all and succeed.

As of this writing, there are 18 states that agree with Louisiana about DPC not being an insurance. There is a federal bill (Primary Care Enhancement Act of 2017) that is pending in D.C. to make that the case for all states.

It has bipartisan support but is on the back burner with all the other action going on taking center stage. The folks in Washington see the merit of DPC. There is nothing about DPC which mimics an insurance, but the fear of DOI regulations scares many docs off. Every state has at least one DPC practice with the exception of North Dakota and South Dakota.

Dr. Hanson has founded/created the Louisiana Direct Primary Care Coalition for all of the DPC docs in the state. As of today, there are seven who can legitimately call themselves DPC. The MDVIP model ($120/month fee for an annual physical PLUS billing your insurance company for medical office visits) is NOT DPC. It is "concierge", but not DPC.

Many large organizations (hospitals, pharmaceutical managers, insurers) do not like the DPC docs' independence. They want us to stay in the gerbil wheel grind of pumping patients through, sending in claims and saying "how high" when they say "jump" . DPCers have a different response to "jump" which I can't print We listen to patient's "jump" request only. DPC is happening regardless whether it meets with any insurer's approval.

Statins

Two newsletters ago I talked a bit about whether certain cholesterol-lowering drugs, the statins, may increase the chance of diabetes. There is some evidence that there may be a relation but no real proof that statins cause anything.

Studies DO show that statins are valuable. In a study published in *The*

Journal of Clinical Endocrinology and Metabolism they found that diabetics with blocked leg arteries who took statins had a significant reduction of amputation and cardiovascular deaths. Fewer people lost toes, feet and legs. This can also reduce infections of the limb with no blood flow. There was also a reduction of mortality across the board for all causes. This was a "look back" analysis of almost 70,000 adults. It also showed the effect was with statins, not just with any cholesterol -. **(Continued on pg 2)**

Lab corner...Herpes Simplex

Herpes simplex is a viral infection that typically affects the skin or mucous membranes. Usually it affect the lips and/or genital area, however it can be found on any skin surface or internally in rare instances. Rarely it can also infect the brain. As with all the members of the Herpes virus family (chicken pox, mononucleosis, herpes) once you get infected it never really leaves the body.

The typical rash is a cluster of small blisters on a red area. They can be painful.

The diagnosis is "clinical." That is, we just tell by looking at it.

Lab testing involves getting some of the fluid from the blisters and sending it for viral culture (to try to grow the virus) or by staining the fluid looking for any viral particle or protein. This is usually not needed. Many people inquire about herpes and want a blood test. The blood test shows if you have antibodies to the virus or parts of the virus' proteins (DNA) in you. Many of us do. But it won't mean you have the rash or are contagious. If you have no rashes that appear to be herpes simplex, getting the blood test is of no use. A positive blood test cannot tell you when you first got the virus. It simply means you had exposure but not necessarily a rash or breakout. In this infection, blood testing is rarely helpful.

"A positive blood test cannot tell you when you first got the virus."

Kids and Pain Meds

In late April the FDA issued an advisory for practitioners not to use codeine or tramadol for certain kids less than 18 years of age and in all kids if they are less than 12. The advisory also extends to women who are breast feeding. No codeine or tramadol for them. Codeine is used for pain and for cough suppression. Tramadol is only

for pain. The FDA commented that there is a significant chance of life-threatening respiratory depression and death in those less than 12 years of age.

There really is no evidence that codeine is helpful for a child's cough (although it seems like it helps) nor is there evidence that codeine or tramadol is helpful for a child's pain.

In the opinion of the FDA, the potential side effects clearly outweigh any perceived benefits and use should be abandoned.

Statins...*continued from page 1*

lowering agent.

This brings up the point that much of the beneficial effects of statins may not be specifically related to cholesterol lowering. The lead author, Dr. Hsu of Yang-Ming University in Taiwan, comments that there may be other ways that statins affect the lining of the blood vessels which may reduce some of these vascular events. "Leg attacks" where the blood flow to the leg is severely diminished can lead to amputation. If blood flow can't get to the foot, gangrene or tissue death occurs. Infections that set in the foot cannot heal if there is no circulation to bring oxygen and other elements to fight off the infection.

So while the association of statins and diabetes does statically exist, the overwhelming evidence shows that statin reduce heart attacks, strokes, and amputations. Making sure you take your statins is important even if does not make a big impact on your cholesterol numbers.

"much of the beneficial effect of statins may not be specifically related to cholesterol lowering"

Oily Truth

What is the best oil? I hear that a lot. My 2 cents.

Simply put, the oils to limit in your diet are the trans-fats and the partially hydrogenated (saturated) oils. Those oils, as well as the oils found in red meat may increase the chance of artery disease.

Specifically, canola, olive, flaxseed, sesame, peanut , walnut and avocado oils are healthy. The main issue with those oils is from a cooking standpoint. How well do they tolerate heat and how do they taste determine if you cook with them. So you can see in general pretty much all

vegetable oils are OK. We can take a good vegetable oil, which is typically a liquid at room temperature and treat it with hydrogen to make it a solid instead of a liquid. This is called hydrogenation and creates a less desirable oil, a "partially hydrogenated trans-fatty acid."

Coconut oil is a saturated fat but is not really that bad because of the type of fatty acid in it. Palm oil tends to be a "saturated" fat so that is less desirable. Pound for pound, all fats have more total calories than proteins or carbs so you want to keep those to a minimum anyway. It is important not to get paranoid about fats. We need fats in our diet. Some fats we need we cannot make so they need to be ingested.

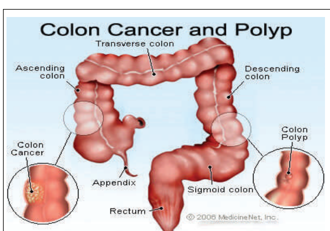
Molly, Rebecca and Alexis at EatFit NOLA associated with Ochsner can give you detailed advice about this and other nutritional needs.

"Some fats that we need we cannot make so they have to be ingested."

Colonoscopy

This is a bit of a broken record for me. See a GI doc to get a colonoscopy. If you don't know one, call us.

Colon cancer is one of the very few cancers that we can have a preventative impact. In *Gastrointestinal Endoscopy* they reported that if 100% of eligible Americans had undergone a screening colonoscopy



then the number of colon cancer related deaths would be reduced by 36%. That's right, 1/3 of all colon cancer deaths could have been prevented. That amounts to about 37,000 people over 10 years. Being afraid of the "prep" is no excuse. If you don't do the scope, at least get the stool testing for the genetic markers (Cologuard) or the stool test for blood. If that comes back abnormal then you will need the colonoscopy. Point is...get screened! These GI docs are good!

"Point is...get screened!"

Botox & Filler Update

Dr. Hanson is administering Botox this year for Infinity Health members for $9 per unit. That is over 10% less than is charged to non-members. It is really a painless procedure where the needles used are barely visible. The number of units per treatment can range from 30—50.

Allergan, the makers of

Botox and Juvaderm Fillers has just come out with a new filler, Vollure XC, which is used to fill large wrinkles. This is an upgrade over the Ultra XC in that Vollure lasts up to 18 months. The previous filler set is being replaced with fillers specific for certain areas and with longer durations.

If you or anyone you know is interested just give us a call. If you are a member of Infinity Health just ask when you are in the office. It's for guys too!

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An Invitation:
If you know of a friend or family member that would be interested in becoming a member, please have them contact us for a free non-medical meet-and-greet visit.

A
Direct Primary Care
Practice

Newsletter
written and published
by Karl N. Hanson, MD

Previous Newsletters
www.InfinityHealth.MD/documents

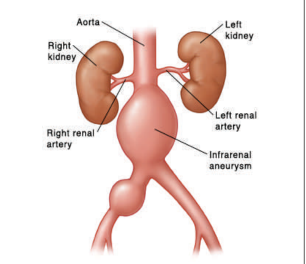
Infinity Health is a Direct Primary Care practice developed by Dr. Hanson. Dr. Hanson has been in medical practice since 1987 and has been a solo practitioner since 1990 in the conventional insurance-based model.

The concept of dealing or contracting directly with the patient is a bit of a throwback but it places the relationship where it should be, with the patient. There is no point in Dr. Hanson or our office wasting time interacting with insurance companies unless it directly contributes to your health. Instead we developed a medical home which has its focus on the patient's health regardless of their insurance status. Infinity Health is a product of Dr. Hanson and is not affiliated with any other organization. We are a membership-based practice. Direct Primary Care is not the same as typical "Concierge" practices which charge a fee AND bill your insurance company.

Dr. Hanson is Board Certified by the American Board of Family Medicine, a Fellow in the American Academy of Family Physicians and a member of the Alpha Omega Alpha Medical Honor Society. He completed his recertification process in April 2016.

USPSTF Corner: Aorta Screen

It is well known that males who presently smoke or are former smokers have an increased chance of developing a weakening of the walls of the major artery that leaves the heart and heads down in the body. This major artery is the aorta. Specifically in the abdomen we see the aorta, which is normally about an inch wide, balloon to a couple inches. When this ballooning occurs, much like an "egg" in a bicycle inner tube, the walls are weaker. Blood still passes through but the pressures continue to distend the wall even further. As this diameter approaches two inches in size or so, the risk of this balloon rupturing increases greatly. We call this balloon an aneurysm. At a certain size there is



great risk of rupture or bleeding. This event is often fatal and requires urgent attention for repair.

We can see this aneurysm on a simple ultrasound.

The highest risk factors for an aortic aneurysm are males between ages 65-75 and who are current or former tobacco smokers. We almost never see this issue in non-smokers.

The current recommendation is that if you fall in that category then you should talk to your doctor about obtaining a screening abdominal aortic ultrasound to look for enlargement of this aorta. What happens if one is found? It does not mean that it is going to rupture or that you need immediate surgery. It may give you the option to follow it along and monitor it for further enlargement so action can be taken if needed. This way a fatal rupture can hopefully be avoided and surgical correction can take place electively.

The U. S. Preventive Services Task Force (USPSTF) is an expert panel which reviews the current evidence to help us docs recommend counseling, medical screenings and preventive medications. It is funded by the U.S. Department of Health and Human Services.